

**STATEMENT OF NO INCOME**

This form is used to explain when the participant's expenses exceed their income. To whom it may concern:

**PARTICIPANT'S INFORMATION**

Case Name: \_\_\_\_\_

Case Number \_\_\_\_\_ HEAplus Application ID: \_\_\_\_\_

**STATEMENT OF FACTS**

I do not have any income coming into my home. I have not been employed, self-employed, completed odd jobs, or received gifts or loans within the last 30 days.

The last time I received income was:

Date: \_\_\_\_\_ Type: \_\_\_\_\_

To: \_\_\_\_\_

*Name of the Income Source*

I have been meeting my expenses by:

Savings/Cash      Credit Cards      Living with Friends or Family (no expenses)

Other: \_\_\_\_\_

I am not meeting my expenses (past due, eviction notice, etc.)

**ATTESTATION AND SIGNATURE**

I swear under penalty of perjury that the above statement about myself, which relates to my eligibility for benefits, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

**1. mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.